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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Total (37 GR 1.16(a))	DAT	ENT ADDIT	CATIO	o persons are req	uired to respond	to a collection of i	nformation un	ess it disp	ays a valid OMB	control number
Column 1 Column 2 SMALL ENTITY OR SMALL ENTITY	FAI	ENT APPLI	Substit	tute for Form P	TO-875	N RECORD		1707	tion or packet N	51 S
BASIC FEE TOTAL		SMALL	SMALL ENTITY							
SASIC FEE (37 CFR 1.16(a))			BER FILED	D NUMBER EXTRA		RATE	FEE	7	PATE	555
TOTAL CLAIMS TOTAL	(37 CFR 1.16(a))							7	10012	
NODEPENDENT CLAIMS	[) = •		ν, -		1	\	 *
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))	INDEPENDENT CLAIMS					ł -		1		
**If the difference in column 1 is test than zero, enter *0* in column 2. **CLAIMS AS AMENDED - PART II **CLAIMS AS AMENDED - PART II **CLAIMS AS AMENDED - PART II **CLAIMS REMAINING AFTER PREVIOUSLY PAID FOR PRESENT PREVIOUSLY PAID FOR AMENDMENT PAID FOR PRESENT PREVIOUSLY PAID FOR PRESENT PREVIOUSLY PRESENT PRESENT PREVIOUSLY PRESENT PRESENT PRESENT PREVIOUSLY PRESENT PRESEN							1	1		
CLAIMS AS AMENDED - PART II			 	1						
Column 1 Column 2 Column 3 SMALL ENTITY OR OTHER THAN SMALL ENTITY OR SM		TOTAL	<u> </u>	OR	TOTAL	<u> </u>				
Column 2 Column 3 SMALL ENTITY	1 10 a 1 CL	AIMS AS AM	IENDED	- PART II						
RATE ADDITIONAL FEE	6 23 B			(Column 2)	(Column 3)	SMALL	ENTITY	OR		
Column 1 Column 2 Column 3		REMAINING AFTER		NUMBER PREVIOUSLY		RATE	TIONAL			ADDI- TIONAL
Column 1	Total (37 CFR 1.16(c))	65	Minus	" 15	= /	x \$ =			X \$ =	
Column 1	Z Independent (37 CFR 1.16(b))	· 79	Minus	··· 19	= /			1		
Column 1)	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							1		
Column 1)						TOTAL		1	TOTAL	
CLAIMS REMAINING AFTER ADDI-TIONAL FEE Total (37 CFR 1.16(c)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.6(d)) (Column 1) CLAIMS REMAINING AFTER ADDI-TIONAL FEE X \$ = OR X \$	9/3/15	(Oaluss 4)		4=		ADD'L FEE		OR	ADD'L FEE	
RATE ADDI- Total (37 CFR 1.16(b)) AMENDMENT	m 100	CLAIMS				<u> </u>		ı		
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING REMAINING NUMBER PRESENT RATE ADDI- RATE ADDI- RATE ADDI-		AFTER		PREVIOUSLY		RATE	TIONAL		RATE	TIONAL
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING REMAINING NUMBER PRESENT RATE ADDI- RATE ADDI- RATE ADDI-	Total (37 CFR 1.16(c))	63	Minus	"/15	=	x \$=		OR	x \$ =	
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TOTAL ADD'L FEE OR TOTAL ADD'L FEE OR ADD'L FEE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1. fs(d))					+\$ =				
CLAIMS HIGHEST PRESENT RATE ADDI-	9/20/15					TOTAL		•	TOTAL	
REMAINING NUMBER PRESENT RATE ADDI-	1/00/W				(Column 3)					
Total (37 CFR 1.16(ci))	<u>-1</u>	REMAINING AFTER		NUMBER PREVIOUSLY		RATE	TIONAL		RATE	TIONAL
Z Independent (37 CFR 1.16(b))	Total (37 CFR 1.16(c))	/3	Minus	65	-	x \$=		OR	x \$ =	
	Z Independent (37 CFR 1.16(b))	79	Minus	··· 19	=/	× \$ =		OR	x \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFF) 1.16(d)) + 5 = OR + 5 =	FIRST PRESENTAT	+\$ =		1						
TOTAL TOTAL ADD'L FEE OR ADD'L FEE				······································	اسنبست	TOTAL ADD'L FEE			TOTAL	
* If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".	" If the "Highest Nur "" If the "Highest Nur	mber Previously mber Previously	Paid For" I Paid For" II	N THIS SPACE is N THIS SPACE is	s lace than 20 o	ntor "20"				

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.